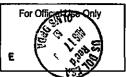
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 8980	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Alfred L Monroe	Name International Union of Painters & Allied Trade
	Labor Organization File Number 000-035
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N W
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006-5301	State District of Columbia ZIP Code + 4 20006-5301
5 Position in labor organization General President Emeritus	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including	trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
		7 b Amount	
Street			
City			
State	ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares, under penalty of	f Религу and other applicable pe	nalties of the law, that all of the information
submitted in this report (including the information contained in any accompany	ying documents), has been exan	nined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the se	ection on penalties in the instruct	ions)
popular in the second s	/ /	
Signed A.S. Manhae	on 8/15/05	
Signed of F //BMbal	~ 81/5/05	202 637-0700
Signed 22 3 / / CC///CC		202 037-0700

Telephone Number

Name of Person Filing Alfred Monroe	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name Kelly Press, Inc	a Labor Organization		
Trade Name, if any	b Trust		
P O Box, Bldg , Room No , if any	c Employer		
Street 1701 Cabin Branch Drive			
City Cheverly State Maryland ZIP Code + 4 20785			
	11 a Nature of such dealing		
10 If 9 b or 9 c is checked give trust or employer's name Name	Business provides printing services and materials to		
Trade Name, if any	labor organization In 2004, provided convention services		
PO Box, Bldg , Room No , if any			
Street			
City	11 b Approximate dollar value of such dealing \$1,570,879 12 a Nature of interest held or income received		
State ZIP Code + 4	12/25/04, gift(turkey), \$33.50		
	12 b Amount \$34		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		

Name of Person Filing Alfred Monroe		umber u-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Industry Pension Fund	157		
Trade Name, if any	a Labor Organization		
P O Box, Bldg , Room No , if any	b Trust		
Street 1750 New York Avenue, N W	v Employer		
City Washington			
State District of Columbia ZiP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Affiliated Pension Fund costs	d - dealing consists of shared	
Trade Name, if any		ll payments are in connection	
PO Box, Bldg, Room No, if any	with expenses incurred	on benair or the fund	
Street	11 b Approximate dollar value of su	ich dealing \$839,191	
City	12 a Nature of interest held or inc		
State ZIP Code + 4	8/16/04, meal, \$107 99	1	
State ZIP Code + 4	11/3/04, meal, \$213 75	,	
	1	•	
	1		
	12 b Amount	\$322	
C Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money	or other thing of value	- <u></u>	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any	<u> </u>	The same of the sa	
P O Box, Bldg , Room No , if any	1		
Street	ŧ ţ		
City	i I		
State ZIP Code + 4			
, a the many	14 b Amount of payment		
13 b Is the Business an Employer or Consultant ; ?	• •		

Name of Person Filing Alfred Monroe		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund				
Trade Name, if any	a Labor Organiza	tion		
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W				
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng		
Name	Affiliated Pension costs.	Fund - dealing o	consists of shared	
Trade Name, if any	Filer is a trustee with expenses incu	* *	are in connection { E the fund	
P O Box, Bldg , Room No , if any			•	
Street	11 b Approximate dollar val	o of cuch dealing	6820 101	
City			\$839,191	
State ZIP Code + 4	12 a Nature of interest hell Paid directly to hell 1/27/04, meal, \$16,9/13/04, meal, \$71	notel(s) for meal	s	
	<u> </u>			
			1	
	12 b Amount		\$239	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)		\$239	
	r parts A and B above)		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	r parts A and B above) or other thing of value		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	r parts A and B above) or other thing of value		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any	r parts A and B above) or other thing of value		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any	r parts A and B above) or other thing of value		\$239	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street	r parts A and B above) or other thing of value		\$239	

Name of Person Filing Alfred Monroe		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund	()			
Trade Name, if any	a Labor Organiza	ition		
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W	[] o minioson			
City Washington				
State 'District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng		
Name	Affiliated Pension costs	Fund - dealing c	onsists of shared	
Trade Name, if any	 Filer is a trustee	All payments a	re in connection	
P O Box, Bldg , Room No , if any	with expenses incu	rred on behalf of	the fund	
Street	11 b Approximate dollar valu		0020 101	
City	12 a Nature of interest hel	_ 	\$839,191	
State ZIP Code + 4	Paid directly to h 1/26-1/30, 5 night 9/13-9/14, 2 night	s, \$2358 75	ng	
		•		
	12 b Amount		\$2,700	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	± >		
Name				
Trade Name, if any			. !	
P O Box, Bldg , Room No , if any				
Street				
City	1			
State ZiP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

Name of Person Filing Alfred Monroe		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Jennings Sigmond Trade Name, if any PO Box, Bldg, Room No, if any 16th Floor Street 510 Walnut Street City Philadelphia State Pennsylvania ZIP Code + 4 19106-3683	9 Business deals with a Labor Organization b Trust c Employer	ition	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing	
Name IUPAT Industry Pension Fund Trade Name, if any PO Box, Bldg , Room No , if any	Business provides pension fund.		o affiliated
Street 1750 New York Avenue, N W	11 b Approximate dollar valu	ue of such dealing	\$450,449
City Washington	12 a Nature of interest hel	_ _	7130,113
State District of Columbia ZIP Code + 4 20006	Christmas Present	· · - — –	
	12 b Amount		\$200
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street			
	1		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing Alfred Monroe	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Joint Apprenticeship Training Fund	15.71			
Trade Name, if any	a Labor Organization b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W	a Empoyor			
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated apprenticeship fund - dealing consists of shared costs			
Trade Name, if any	1 1			
P O Box, Bldg , Room No , if any				
Street	11 b Approximate dollar value of such dealing \$271,319			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	2/5/04, meal, \$35 20			
<u> </u>	2/5/04, meal, \$238 40 2/6/04, meal, \$32 42			
	2/6/04, meal, \$31 58 2/7/04, meal, \$28 73			
	2/7/04, meal, \$41 20			
	2/7/04, meal, \$58 54			
	12 b Amount \$466			
C Received from any employer (other than an employer covered under	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any	 			
Street				
City				
State ZIP Code + 4				
13 b is the Business an Employer or Consultant?	14 b Amount of payment			

ame of Person Filing Alfred Monroe		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bidg, Room No, if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZiP Code + 4 20006 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bidg, Room No, if any	9 Business deals with X a Labor Organizat b Trust c Employer 11 a Nature of such dealin Affiliated Labor materials of shared costs		
Street City State ZIP Code + 4	11 b Approximate dollar value 12 a Nature of interest held 2/1-4/04, hotel, \$ 2/1/04, meal, \$171 2/2/04, meal, \$41 2/3/04, meal, \$35	d or income received 1469 25 68 22	
	12 b Amount	\$1,717	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.